

REMARKS:

This application has been carefully studied and amended in view of the Office Action dated November 15, 2007. Reconsideration of that action is requested in view of the following.

Note is made of the request to amend the Specification to reflect the continuing data and
5 foreign applications priority data. Reconsideration is respectfully requested thereof. In that regard, attached hereto is page 2 of an Amendment which was filed concurrently with the filing of this application which inserted the foreign application priority data. If that amendment can not be located or if Examiner Arnold otherwise requires, a further such amendment will be made.

Parent claim 7 has been amended to advance the prosecution of this case. Claim 20 has
10 been added.

It is respectfully submitted that parent claim 7 complies with 35 USC 112. In that regard, claim 7 has been amended as suggested by Examiner Arnold to delete reference to “hemogenous”.

It is respectfully submitted that parent claim 7 and its dependent claims 15-19 as well as
15 newly added dependent claim 20 are patentable over Petzelt, et al. in view of the secondary art. Claim 7, as now amended, deletes reference to “a medicament for the treatment of amyotropical lateral sclerosis”.

In the Office Action claim 7, and its dependent claims, were rejected on the basis of the conclusion that it was obvious for the person skilled in the art to combine Xenon with a
20 medicament for the treatment of amyotropical lateral sclerosis in view of the teaching of Petzelt et al. and Asahara et al., since Petzelt teaches to use Xenon for reducing the release of neurotransmitters like glutamate in the CNS, and Ashara teaches that the release of glutamate in the CNS is increased in patients suffering from amyotropical lateral sclerosis. As now amended,

however, medicaments for the treatment of amyotropical lateral sclerosis have been excluded from claim 7.

The Examiner further asserts that it was obvious for the person skilled in the art to combine Xenon with a medicament for the treatment of migraine in view of the teaching of Petzelt et al. and Alam et al. since Petzelt teaches to use Xenon for reducing the release of neurotransmitters like glutamate in the CNS, and Alam teaches that the release of glutamate in the CNS is increased in patients suffering from migraine.

Reconsideration is respectfully requested of that position. Alam does not teach the person skilled in the art that in patients suffering from migraine the level of glutamate in the CNS is increased. The investigations described by Alam are only focused on the plasma-levels of amino acids such as glutamate. However, due to the presence of barrier systems between the blood and the CNS, like the blood-brain-barrier and the blood-CSF-barrier, an increased plasma level of glutamate in migraine-patients does not at all necessarily result in an increased CNS-level of this compound.

Note is also made of newly added dependent claim 20 which defines the group from which the cerebral medicament is selected and that group does not include medicaments for the treatment of migraine.

In view of the above remarks and amendments it is submitted that this application should now be passed to issue.

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Respectfully submitted,

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